

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046098

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11603** STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC - 2 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 72 years	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3339 Texas Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3339 Texas Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last PAUL FRED STRUESSEL			4. DATE OF DEATH Month Day Year November 22, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/8/82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Food Equipment	9. AGE (last birthday) 80 yrs. IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME Ludwig Struessel		11b. MOTHER'S MAIDEN NAME Caroline Behnke	11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY USA
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE (nee Schumann) Mrs. Augusta Struessel	
15. SOCIAL SECURITY NO. 422.1		17. INFORMANT Address Mrs. Augusta Struessel, 3339 Texas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ch arteriosclerosis DUE TO (c) 422.1			INTERVAL BETWEEN ONSET AND DEATH 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 1 62 to Nov 22-1963 and last saw her alive on Nov 22, 1963 Death occurred at 730 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Adlert (Degree or title)		22b. ADDRESS 3608 S. Grand St. St. Louis 18	22c. DATE SIGNED 11/23/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE November 25, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
24. FUNERAL DIRECTOR Beiderwieden F.H. Inc. 3620 Chippewa (16)		25. DATE RECD. BY LOCAL REG. NOV 25 1963	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Wm. Walters
3606 Grand

Pr 2-7891

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Horner H. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.